

CHAPTER 1 SECTION 18.1

CORONARY ATHERECTOMY

Issue Date: May 18, 1994

Authority: [32 CFR 199.4\(a\)\(1\)](#), [\(b\)\(2\)](#), and [\(c\)\(2\)](#)

I. PROCEDURE CODE RANGE

92995, 92996

II. DESCRIPTION

The coronary atherectomy procedure is an angiographic technique used to cut atheromatous plaque from the wall of a coronary vessel. Once the plaque has been cut away it is then removed by use of suction.

III. POLICY

A. The coronary atherectomy procedure may be cost-shared when performed utilizing a catheter which has been approved by the Food and Drug Administration (FDA) for usage in performing the coronary atherectomy procedure and when performed on patients who are acceptable candidates for coronary artery bypass surgery and who meet one or more of the following selection criteria:

1. Has single vessel atherosclerotic coronary artery disease with a stenosis that is discrete and subtotal.
2. Has multiple vessel coronary disease that in the physician's judgment does not pose undue risk to the patient.
3. Has had prior coronary artery bypass graft surgery and has stenosis or restenosis of the graft.
4. Has had prior percutaneous transluminal coronary angioplasty (PTCA), and has a restenosis of the native vessel.

B. Requests for the coronary atherectomy procedure not meeting the patient selection guidelines outlined above may be considered for cost-sharing when determined by third level review to be medically necessary.

C. The following catheters have been approved by the FDA for use in performing the coronary atherectomy procedure:

1. The Simpson coronary AtheroCath on September 14, 1990.
2. The Roto Blader on May 28, 1993.

D. Other catheters when approved by the FDA for use in performing the coronary atherectomy procedure may be considered for cost-sharing.

E. See [Chapter 3, Section 3.7](#), regarding policy when assistant surgeons are used for this procedure.

IV. EFFECTIVE DATE

The beginning date of coverage for the coronary atherectomy procedure is dependent on the date of FDA approval of the catheter for use in performing the coronary atherectomy procedure (i.e., effective date of coverage for a coronary atherectomy procedure using the Roto Blader is May 28, 1993, etc.)

V. POLICY CONSIDERATIONS

The ICD-9-CM procedure code usually submitted is 36.01, 36.02, or 36.05. The appropriate DRG code is 112. However, cost sharing for the professional charges associated with the coronary atherectomy should not exceed the amount allowed for the traditional balloon angioplasty (92982, 92984).

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